



HARYANA WAREHOUSING CORPORATION
BAY No.15-18,SECTOR-2,PANCHKULA

Website: hwcweb.org Tel : (0172)-2578829-31

**APPLICATION FORM FOR REFUNDABLE/NON-REFUNDABLE ADVANCE
FROM THE EMPLOYEES OWN WELFARE FUND.**

Name of the applicant	
Place of posting	
Date of joining	
Whether the post held by him is regular or temporary	
Basic pay including Spl. Pay	
Net amount received after deductions	
Whether any advance/loan out of this fund was taken earlier and has been repaid with interest. If so when the last installment was paid	
Amount of loan applied for	
Purpose for which loan is required	

UNDERTAKING

I _____ S/o _____
posted as _____ (Designation) at _____ State
Warehouse _____ do hereby declare that I have no loan or
interest or loan repayable to the Corporation from EOWF. I further hereby authorize
the Corporation to deduct the requisite amount in installments from my monthly pay
and interest thereupon in respect of refund of loan to be sanctioned to me by the
Employee Own Welfare Fund Committee.

I further authorize the Corporation to deduct in lump sum non-refunded
amount of loan and interest from my pending dues like gratuity/GPF etc. with the
Corporation in the event of my failure to refund the amount either in the case of my
death/termination of my service/removal/resignation.

Place

Signature of the applicant